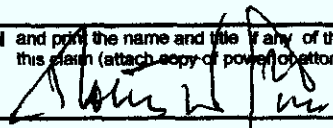


EXHIBIT C

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | PROOF OF CLAIM | |
|---|--|---|--|
| Name of Debtor USA Commercial Mortgage Company and affiliated debtors | | Case Number 06-10725-LBR and related cases | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. | |
| Name of Creditor and Address Pensco Trust Co. Inc., FBO ROBERT W. KLM IRA #N2006 414 Morning Glory Rd. St Marys, GA 31558 | | DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY | |
| Creditor Telephone Number 914 673-6020 Last four digits of account or other number by which creditor identifies debtor 3748 | | | |
| Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated reserve the right to amend | | | |
| 1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) False Representation Negligence Breach of Fiduciary duty / SEE ATTACHED <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS #: _____ Unpaid compensation for services performed from 06/01/2003 to ONGOING (date) (date) | | | |
| 2 DATE DEBT WAS INCURRED: OCTOBER 2003 - CONTINUING 3 IF COURT JUDGMENT, DATE OBTAINED | | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ 48,000 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 715,000 Amount of arrearage and other charges at time case filed included in secured claim if any \$ Contingent <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) | | | |
| 5. TOTAL AMOUNT OF CLAIM \$ Contingent \$ unliquidated \$ Claim AT TIME CASE FILED (unsecured) (secured) (priority) (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 411 El Segundo, CA 90245 0911 | | THIS SPACE FOR COURT USE ONLY FILED NOV 06 2006 USA CMC 1072501043 | |
| DATE 11/01/2006 | | SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  | |

| | | | |
|--|--|--|--------------------------------------|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | PROOF OF CLAIM | |
| Name of Debtor <i>USA Commercial Mortgage Company and affiliated debtors</i> | | Case Number <i>06-10725-LBR and related cases</i> | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. | |
| Name of Creditor and Address <i>MELODY J VIOLET PO Box 2201 VISTA CA 92085</i> | | DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY | |
| Creditor Telephone Number () <i>858-442-6684</i> | | | |
| Last four digits of account or other number by which creditor identifies debtor <i>7586</i> | | Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends <i>RESERVE THE RIGHT TO AMEND</i> | |
| 1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS #: _____ Unpaid compensation for services performed from <i>FEB 06</i> to <i>ongoing</i> <i>False representation / Breach of fiduciary duty / Negligence (see Attached)</i> (date) <i>FEB 06</i> (date) | | | |
| 2 DATE DEBT WAS INCURRED <i>FEB 06 ongoing</i> 3 IF COURT JUDGMENT, DATE OBTAINED | | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. | | | |
| UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. | | SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <i>\$ 308,000</i> Amount of arrearage and other charges at time case filed included in secured claim, if any: <i>\$ Contingent</i> | |
| UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: | | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | | 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <i>Contingent</i> (unsecured) \$ <i>Unliquidated</i> (secured) \$ <i>Claim</i> (priority) \$ _____ (Total) | |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | | |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 | | | THIS SPACE FOR COURT USE ONLY |
| DATE <i>1/2/07</i> SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <i>Melody J Violet</i> | | | |

FORM B10 (Official Form 10) (10/05)

| | | | | | | |
|---|---|--|--|----------------------------------|---|---|
| UNITED STATES BANKRUPTCY COURT | | DISTRICT OF <u>Nevada</u> | | PROOF OF CLAIM | | |
| Name of Debtor <u>USA COMMERCIAL MORTGAGE CO</u> | | Case Number <u>06-10725-LBR</u> | | | | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | | | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>DAVID C. WAHL AND Margaret A. WAHL</u> <u>Joint tenants w/ R/O's</u> | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | | | |
| Name and address where notices should be sent <u>PO Box 8012</u> <u>Mammoth Lakes, CAL 93546</u> | | Telephone number <u>760 934-5648</u> | | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor identifies debtor | | Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated <u>12/06/06</u> | | | | |
| 1. Basis for Claim <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date) </td> </tr> </table> | | | | | <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u> | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date) |
| <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u> | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | | | | | |
| 2. Date debt was incurred: <u>5/05</u> | | 3. If court judgment, date obtained: | | | | |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. | | | | | | |
| Unsecured Nonpriority Claim \$ <u>201,149.92</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority | | Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>\$ UN KNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>1149.92</u> | | | | |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> | | | | |
| 5. Total Amount of Claim at Time Case Filed | | <u>\$201,149.92</u> <u>\$201,149.92</u> <u>\$201,149.92</u> (unsecured) (secured) (priority) (Total) | | | | |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | | |
| 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | | | THIS SPACE IS FOR COURT USE ONLY | | |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | | | |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | | | | |
| Date <u>1/9/07</u> | | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>David C Wahl Margaret A Wahl</u> | | | | |




FILED JAN 13 2007

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | PROOF OF CLAIM | |
|--|---|--|--|
| Debtor SA Commercial Mortgage Company | | Case Number 06-10725-LBR | |
| <p>Reverend List of Debtors and Case Numbers</p> <p>This form should not be used to make a claim for an administrative expense incurred after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p> | | <p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.</p> | |
| <p>Name of Creditor and Address</p> <p>WAHL DAVID P O BOX 8012 MAMMOTH LAKES CA 93546</p> | | <p>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.</p> <p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p> | |
| <p>Creditor Telephone Number () 760 9345646</p> <p>Last four digits of account or other number by which creditor identifies debtor</p> | | <p>Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends</p> | |
| <p>1 BASIS FOR CLAIM</p> <p><input type="checkbox"/> Good sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal</p> <p><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)</p> <p><input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <u>Unpaid compensation for services performed from</u> to _____</p> <p style="text-align: center;"><u>SEE ATTACHED ADDENDUM A</u> (date) (date)</p> | | | |
| <p>2 DATE DEBT WAS INCURRED <u>5/05 - 12-6-06</u> 3 IF COURT JUDGMENT, DATE OBTAINED</p> | | | |
| <p>4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.</p> <p>See reverse side for important explanations.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>UNSECURED NONPRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.</p> <p>UNSECURED PRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)</p> </div> <div style="width: 48%;"> <p>SECURED CLAIM</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief description of collateral:</p> <p><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____</p> <p><input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____)</p> <p><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p> </div> </div> | | | |
| <p>5 TOTAL AMOUNT OF CLAIM \$ <u>289414.18</u> \$ <u>289414.18</u></p> <p style="text-align: center;">(unsecured) (secured) (priority) (Total)</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p> | | | |
| <p>6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> | | | |
| <p>7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>SEE ADDENDUM B & C</u></p> | | | |
| <p>8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p> | | | |
| <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <p>BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911</p> | | <p>THIS SPACE FOR COURT USE ONLY</p> <p style="text-align: center; font-size: 1.5em;">FILED DEC 11 2006</p> <p style="text-align: center;">USA CMC 1072501694</p> | |
| <p>DATE <u>10/6/06</u></p> | <p>SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).</p> <p style="text-align: center;"><u>David Wahl</u></p> | | |

FORM B10 (Official Form 10) (10/05)

| | | | | | | | | | | | |
|---|--|--|-------------------|----------------------|-------------------|-------------------|-------------------|-------------|-----------|------------|---------|
| UNITED STATES BANKRUPTCY COURT | | DISTRICT OF <u>Nevada</u> | PROOF OF CLAIM | | | | | | | | |
| Name of Debtor USA Commercial Mortgage Company | | Case Number 06-10725-LBR | | | | | | | | | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | | | | | | | | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) Weible Trust Dated 6/30/81 C/O Dean F Weible & Ardis Weible Co Trustees | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | | | | | | | | | |
| Name and address where notices should be sent Ardis or Dean Weible 6314 Tara Ave Las Vegas, NV 89146 | | THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | |
| Telephone number 702-876-1094 | | | | | | | | | | | |
| Last four digits of account or other number by which creditor identifies debtor | | Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated 12/12/2006 | | | | | | | | | |
| 1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See Exhibit A</u> | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | | | | | | | | | |
| 2 Date debt was incurred <u>5/7/05</u> | | 3 If court judgment, date obtained | | | | | | | | | |
| 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. | | | | | | | | | | | |
| Unsecured Nonpriority Claim \$ 157,596.55 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. | | Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>3,172.88</u> | | | | | | | | | |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) | | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | | | | | | | | | |
| 5 Total Amount of Claim at Time Case Filed <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ 157,596.55</td> <td style="text-align: right;">157,596.55</td> <td style="text-align: right;">157,596.55</td> <td style="text-align: right;">157,596.55</td> </tr> <tr> <td style="text-align: right;">(unsecured)</td> <td style="text-align: right;">(secured)</td> <td style="text-align: right;">(priority)</td> <td style="text-align: right;">(Total)</td> </tr> </table> | | \$ 157,596.55 | 157,596.55 | 157,596.55 | 157,596.55 | (unsecured) | (secured) | (priority) | (Total) |
| \$ 157,596.55 | 157,596.55 | 157,596.55 | 157,596.55 | | | | | | | | |
| (unsecured) | (secured) | (priority) | (Total) | | | | | | | | |
| 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | |
| 7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | | | | | | | | |
| 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | | | | | | | | | |
| Date 1/11/07 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <div style="display: flex; justify-content: space-between; align-items: center;"> </div> | | | | | | | | | | |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | PROOF OF CLAIM | |
|--|--|--|--|
| Name of Debtor USA COMMERCIAL MORTGAGE COMPANY | | Case Number 06-10725-LBR | |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. | |
| Name of Creditor and Address: THE WHITMAN TRUST dated 12/01/04 9014 DANIEL WHITMAN, TRUSTEE P.O. Box 10200 ZEPHYR COVE, NV 89448-2200 | | DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY | |
| Creditor Telephone Number () 775/588-8865 Last four digits of account or other number by which creditor identifies debtor CLIENT ID 5547 | | | |
| Check here if this claim <input checked="" type="checkbox"/> replaces or amends a previously filed claim dated: ALL 2003-2006 | | | |
| 1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unwilled principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) SEE EXHIBIT A Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ <div style="text-align: right;">(date) (date)</div> | | | |
| 2. DATE DEBT WAS INCURRED: 2004-2006 3. IF COURT JUDGMENT, DATE OBTAINED: _____ | | | |
| 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. | | | |
| UNSECURED NONPRIORITY CLAIM \$ Line 4 of Exhibit A <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. | | SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ UNKNOWN Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ Line 2 of Exhibit A | |
| UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). | | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | |
| 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ Line 4 of Ex A (unsecured) \$ Line 4 of Ex A (secured) \$ Line 4 of Ex A (priority) \$ Line 4 of Ex A (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | |
| 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | | |
| 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary. | | | |
| 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | |
| BY MAIL TO: DATE 1-10-07 | | BY HAND OR OVERNIGHT DELIVERY TO: BMC Group USACM Claim Docketing Center 1330 East Franklin Avenue El Segundo, Ca 90245 | |
| SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): H. DANIEL WHITMAN, TRUSTEE | | THIS SPACE FOR COURT USE ONLY FILED JAN 16 2007 USA CMC  1072502367 | |